

**Listing of Claims:**

Following is a complete listing of the claims pending in the application:

1. (Currently amended) A method of increasing IL-10/IFN $\gamma$  ratio in subjects suffering from ~~an autoimmune condition or a viral infection~~ multiple sclerosis, comprising

orally administering interferon-tau to the subject at a daily dosage of greater than about  $5 \times 10^8$  Units to produce an initial measurable increase in the subject's blood IL-10 level, relative to the blood IL-10 level in the subject in the absence of interferon-tau administration, with (i) no substantial change in the subject's blood IFN $\gamma$  level relative to the IFN $\gamma$  level in the absence of interferon-tau administration or (ii) a decrease in the subject's blood IFN $\gamma$  level relative to the IFN $\gamma$  level in the absence of interferon-tau administration, and

continuing to orally administer interferon-tau to the subject on a regular basis of at least several times per week, independent of changes in the subject's blood IL-10 level, until a desired clinical endpoint is achieved,

wherein the interferon-tau has at least 90% sequence homology to the polypeptide of SEQ ID NO: 2.

2. (Original) The method of claim 1, wherein said administering comprises administering an interferon-tau selected from ovine interferon-tau and bovine interferon-tau.

3. (Original) The method of claim 2, wherein said administering comprises administering ovine interferon-tau having a sequence identified as SEQ ID NO:2 or SEQ ID NO:3.

4. (Original) The method of claim 1, wherein said oral administration is to the intestinal tract of the subject.

5. (Currently amended) The method of claim 1, ~~for treatment of an autoimmune condition in the subject,~~ wherein said continuing to administer continues

during the period of the subject's symptoms and the desired clinical endpoint is a reduction in symptoms associated with ~~the condition~~ multiple sclerosis.

6-13. (Canceled)

14. (Original) The method of claim 1, further comprising administering a second therapeutic agent to the subject.

15. (Canceled)